

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 41

For Official Use Only

Statement covers period

from 10/01/2020

through 12/31/2020

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☒ Ballot Measure Committee
☒ Primary Formed
☐ Controlled
☒ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1431407

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| SAN RAFAEL | CA | 94901 | (415)389-6800 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS
form410@nmgovlaw.com

Treasurer(s)

NAME OF TREASURER
JASON D. KAUNE

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| SAN RAFAEL | CA | 94901 | 415-389-6800 |

NAME OF ASSISTANT TREASURER, IF ANY
JOEL S. AURORA

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| SAN RAFAEL | CA | 94901 | 415-389-6800 |

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2021 By JASON D. KAUNE
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Referendum against Calif. SB 793, Flavored tobacco products (#20-0003)

BALLOT NO. OR LETTER

JURISDICTION

STATEWIDE

☒ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|---|
| Statement covers period from 10/01/2020 through 12/31/2020 | CALIFORNIA FORM 460 Page 3 of 41 I.D. NUMBER 1431407 |
|--|---|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$502,500.00 | \$5,502,500.00 |
| 2. Loans Received | Schedule B, Line 7 | \$9,000,000.00 | \$14,500,000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$9,502,500.00 | \$20,002,500.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | \$872,508.75 | \$1,133,975.16 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$10,375,008.75 | \$21,136,475.16 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$.00 | \$.00 |
| 21. Expenditures Made | \$.00 | \$.00 |

Expenditures Made

| | | | |
|--|----------------------|------------------|-----------------|
| 6. Payments Made | Schedule E, Line 4 | \$13,977,505.13 | \$18,954,701.99 |
| 7. Loans Made | Schedule H, Line 7 | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$13,977,505.13 | \$18,954,701.99 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | (\$1,458,867.14) | \$122,110.81 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | \$872,508.75 | \$1,133,975.16 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$13,391,146.74 | \$20,210,787.96 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Current Cash Statement

| | | | |
|---|---|-----------------|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$5,522,803.14 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts | Column A, Line 3 above | \$9,502,500.00 | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$0.00 | |
| 15. Cash Payments | Column A, Line 8 above | \$13,977,505.13 | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$1,047,798.01 | |
| If this is a termination statement, Line 16 must be zero. | | | |
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$0.00 | |

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|-----------------|
| 18. Cash Equivalents | See instructions on reverse | \$0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$14,622,110.81 |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/01/2020 | |
| through | 12/31/2020 | Page 4 of 41 |
| NAME OF FILER CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS | | I.D. Number 1431407 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 10/7/2020 | ITG BRANDS, LLC(RESPONSIBLE OFFICER: JOHN OSTRONIC) GREENSBORO, NC 27408 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500,000.00 | \$500,000.00 | |
| 10/30/2020 | NATIONAL ASSOCIATION OF TOBACCO OUTLETS LAKEVILLE, MN 55044 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$502,500.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$502,500.00

2. Amount received this period - unitemized contributions of less than \$100 \$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$502,500.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

| | |
|--|----------------------------|
| Statement covers period from 10/01/2020 through 12/31/2020 | CALIFORNIA FORM 460 |
| | Page 5 of 41 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|--|------------------------------------|--|--|----------------------------------|--|---|
| JOHN MIDDLETON CO., AN AFFILIATE OF 'PHILIP MORRIS USA, INC. AND ITS AFFILIATES' SACRAMENTO, CA 95814 Memo Reference: PAY33 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$146,300.00 | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$146,300.00 6/30/2021 DATE DUE | RATE % | \$146,300.00 9/21/2020 DATE INCURRED | CALENDAR YEAR \$9,658,827.55 PER ELECTION** |
| PHILIP MORRIS USA INC., AN AFFILIATE OF 'PHILIP MORRIS USA, INC. AND ITS AFFILIATES' SACRAMENTO, CA 95814 Memo Reference: PAY31 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,949,450.00 | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$2,949,450.00 6/30/2021 DATE DUE | RATE % | \$2,949,450.00 9/21/2020 DATE INCURRED | CALENDAR YEAR \$9,658,827.55 PER ELECTION** |
| U.S. SMOKELESS TOBACCO COMPANY, AN AFFILIATE OF 'PHILIP MORRIS USA, INC. AND ITS AFFILIATES' SACRAMENTO, CA 95814 Memo Reference: PAY35 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$404,250.00 | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$404,250.00 6/30/2021 DATE DUE | RATE % | \$404,250.00 9/21/2020 DATE INCURRED | CALENDAR YEAR \$9,658,827.55 PER ELECTION** |

SUBTOTALS

Schedule B Summary

1. Loans received this period. \$9,000,000.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) **Net** \$9,000,000.00
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 10/01/2020
through 12/31/2020

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|---|--|--|---|--|--|--|
| AMERICAN SNUFF COMPANY, LLC, AN AFFILIATE OF 'R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES'(RESPONSIBLE OFFICER DAVID SPROSS) WINSTON-SALEM, NC 27101 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$161,400.00 | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$161,400.00 12/31/2022 DATE DUE | % RATE | \$161,400.00 9/25/2020 DATE INCURRED | CALENDAR YEAR \$10,475,147.61 PER ELECTION** |
| R.J. REYNOLDS TOBACCO COMPANY, AN AFFILIATE OF 'R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES' WINSTON-SALEM, NC 27101 Memo Reference: PAY37 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,598,000.00 | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$1,598,000.00 12/31/2022 DATE DUE | % RATE | \$1,598,000.00 9/25/2020 DATE INCURRED | CALENDAR YEAR \$10,475,147.61 PER ELECTION** |
| R.J. REYNOLDS VAPOR COMPANY, AN AFFILIATE OF 'R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES' WINSTON-SALEM, NC 27101 Memo Reference: PAY43 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$91,200.00 | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$91,200.00 12/31/2022 DATE DUE | % RATE | \$91,200.00 9/25/2020 DATE INCURRED | CALENDAR YEAR \$10,475,147.61 PER ELECTION** |

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) _____
Enter the net here and on the Summary Page, Column A, Line 2.

Net _____
(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.





SCHEDULE B - PART 1

| | | |
|--|--|----------------------------|
| Statement covers period from 10/01/2020 | | CALIFORNIA FORM 460 |
| through 12/31/2020 | | |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|--|------------------------------------|--|--|----------------------------------|--|--|
| SANTA FE NATURAL TOBACCO COMPANY, AN AFFILIATE OF 'R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES' WINSTON-SALEM, NC 27101 Memo Reference: PAY41   ND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$149,400.00 | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$149,400.00 12/31/2022 DATE DUE | RATE % | \$149,400.00 9/25/2020 DATE INCURRED | CALENDAR YEAR \$10,475,147.61 PER ELECTION** |
| AMERICAN SNUFF COMPANY, LLC, AN AFFILIATE OF 'R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES'(RESPONSIBLE OFFICER DAVID SPROSS) WINSTON-SALEM, NC 27101  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$161,400.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$161,400.00 12/31/2022 DATE DUE | RATE % | \$161,400.00 10/9/2020 DATE INCURRED | CALENDAR YEAR \$10,475,147.61 PER ELECTION** |
| R.J. REYNOLDS TOBACCO COMPANY, AN AFFILIATE OF 'R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES' WINSTON-SALEM, NC 27101 Memo Reference: PAY68  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$1,598,000.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$1,598,000.00 12/31/2022 DATE DUE | RATE % | \$1,598,000.00 10/9/2020 DATE INCURRED | CALENDAR YEAR \$10,475,147.61 PER ELECTION** |

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

| | |
|--|----------------------------|
| Statement covers period from 10/01/2020 through 12/31/2020 | CALIFORNIA FORM 460 |
| Page 8 of 41 | I.D. NUMBER 1431407 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|--|------------------------------------|--|--|----------------------------------|--|--|
| R.J. REYNOLDS VAPOR COMPANY, AN AFFILIATE OF 'R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES' WINSTON-SALEM, NC 27101 Memo Reference: PAY70 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$91,200.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$91,200.00 12/31/2022 DATE DUE | RATE % | \$91,200.00 10/9/2020 DATE INCURRED | CALENDAR YEAR \$10,475,147.61 PER ELECTION** |
| SANTA FE NATURAL TOBACCO COMPANY, AN AFFILIATE OF 'R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES' WINSTON-SALEM, NC 27101 Memo Reference: PAY72 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$149,400.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$149,400.00 12/31/2022 DATE DUE | RATE % | \$149,400.00 10/9/2020 DATE INCURRED | CALENDAR YEAR \$10,475,147.61 PER ELECTION** |
| JOHN MIDDLETON CO., AN AFFILIATE OF 'PHILIP MORRIS USA, INC. AND ITS AFFILIATES' SACRAMENTO, CA 95814 Memo Reference: PAY81 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$83,600.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$83,600.00 6/30/2021 DATE DUE | RATE % | \$83,600.00 10/13/2020 DATE INCURRED | CALENDAR YEAR \$9,658,827.55 PER ELECTION** |

SUBTOTALS

Schedule B Summary

- Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) _____
Enter the net here and on the Summary Page, Column A, Line 2.

Net _____
(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 10/01/2020
through 12/31/2020

CALIFORNIA FORM 460

Page 9 of 41

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|--|--|---|--|---|---|
| PHILIP MORRIS USA INC., AN AFFILIATE OF 'PHILIP MORRIS USA, INC. AND ITS AFFILIATES' SACRAMENTO, CA 95814 Memo Reference: PAY83 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$1,685,400.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$1,685,400.00 6/30/2021 DATE DUE | RATE % | \$1,685,400.00 10/13/2020 DATE INCURRED | CALENDAR YEAR \$9,658,827.55 PER ELECTION** |
| U.S. SMOKELESS TOBACCO COMPANY, AN AFFILIATE OF 'PHILIP MORRIS USA, INC. AND ITS AFFILIATES' SACRAMENTO, CA 95814 Memo Reference: PAY85 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$231,000.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$231,000.00 6/30/2021 DATE DUE | RATE % | \$231,000.00 10/13/2020 DATE INCURRED | CALENDAR YEAR \$9,658,827.55 PER ELECTION** |
| JOHN MIDDLETON CO., AN AFFILIATE OF 'PHILIP MORRIS USA, INC. AND ITS AFFILIATES' SACRAMENTO, CA 95814 Memo Reference: PAY111 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$83,600.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$83,600.00 6/30/2021 DATE DUE | RATE % | \$83,600.00 10/30/2020 DATE INCURRED | CALENDAR YEAR \$9,658,827.55 PER ELECTION** |

SUBTOTALS

Schedule B Summary

- Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) _____
Enter the net here and on the Summary Page, Column A, Line 2.

Net _____
(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

| | | |
|--|--|----------------------------|
| Statement covers period from 10/01/2020 through 12/31/2020 | | CALIFORNIA FORM 460 |
| Page 10 of 41 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|--|------------------------------------|--|--|----------------------------------|---|--|
| PHILIP MORRIS USA INC., AN AFFILIATE OF 'PHILIP MORRIS USA, INC. AND ITS AFFILIATES' SACRAMENTO, CA 95814 Memo Reference: PAY107 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$1,685,400.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$1,685,400.00 6/30/2021 DATE DUE | RATE % | \$1,685,400.00 10/30/2020 DATE INCURRED | CALENDAR YEAR \$9,658,827.55 PER ELECTION** |
| U.S. SMOKELESS TOBACCO COMPANY, AN AFFILIATE OF 'PHILIP MORRIS USA, INC. AND ITS AFFILIATES' SACRAMENTO, CA 95814 Memo Reference: PAY109 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$231,000.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$231,000.00 6/30/2021 DATE DUE | RATE % | \$231,000.00 10/30/2020 DATE INCURRED | CALENDAR YEAR \$9,658,827.55 PER ELECTION** |
| AMERICAN SNUFF COMPANY, LLC, AN AFFILIATE OF 'R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES'(RESPONSIBLE OFFICER DAVID SPROSS) WINSTON-SALEM, NC 27101 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$242,100.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$242,100.00 12/31/2022 DATE DUE | RATE % | \$242,100.00 11/2/2020 DATE INCURRED | CALENDAR YEAR \$10,475,147.61 PER ELECTION** |

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) _____
Enter the net here and on the Summary Page, Column A, Line 2.

Net _____
(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 10/01/2020
through 12/31/2020

CALIFORNIA
FORM **460**

Page 11 of 41

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|---|--|--|---|--|--|--|
| R.J. REYNOLDS TOBACCO COMPANY, AN AFFILIATE OF 'R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES' WINSTON-SALEM, NC 27101 Memo Reference: PAY123 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$2,397,000.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$2,397,000.00 12/31/2022 DATE DUE | RATE % | \$2,397,000.00 11/2/2020 DATE INCURRED | CALENDAR YEAR \$10,475,147.61 PER ELECTION** |
| R.J. REYNOLDS VAPOR COMPANY, AN AFFILIATE OF 'R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES' WINSTON-SALEM, NC 27101 Memo Reference: PAY129 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$136,800.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$136,800.00 12/31/2022 DATE DUE | RATE % | \$136,800.00 11/2/2020 DATE INCURRED | CALENDAR YEAR \$10,475,147.61 PER ELECTION** |
| SANTA FE NATURAL TOBACCO COMPANY, AN AFFILIATE OF 'R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES' WINSTON-SALEM, NC 27101 Memo Reference: PAY127 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$224,100.00 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$224,100.00 12/31/2022 DATE DUE | RATE % | \$224,100.00 11/2/2020 DATE INCURRED | CALENDAR YEAR \$10,475,147.61 PER ELECTION** |
| SUBTOTALS | | | | | | \$9,000,000.00 | \$14,500,000.00 | |

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ Net _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2
Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

| | |
|--|----------------------------|
| Statement covers period from 10/01/2020 through 12/31/2020 | CALIFORNIA FORM 460 |
| | Page 12 of 41 |
| I.D. Number 1431407 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|--|--|---|--------------------|-------------------------------------|--|-----------------------------------|
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| SUBTOTAL | | | | | Enter on Summary Page, Line 17 only. | |

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 10/01/2020 through 12/31/2020 | CALIFORNIA FORM 460 |
| Page 13 of 41 | I.D. Number 1431407 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|--|---|---------------------------|---|------------------------------------|
| 11/1/2020 | PHILIP MORRIS USA INC. AND ITS AFFILIATES SACRAMENTO, CA 95814 Memo Reference: NON131 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | EMPLOYEE TIME AND EXPENSES FOR THE PERIOD 11/1 - 11/30/2020 | \$181,180.27 | \$9,658,827.55 | |
| 11/1/2020 | R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES WINSTON-SALEM, NC 27101 Memo Reference: NON132 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | EMPLOYEE TIME & EXPENSES AND | \$127,607.85 | \$10,475,147.61 | |
| 12/1/2020 | R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES WINSTON-SALEM, NC 27101 Memo Reference: NON150 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | EMPLOYEE TIME FOR THE PERIOD 12/1 - 12/31/20 | \$10,086.00 | \$10,475,147.61 | |
| 12/1/2020 | PHILIP MORRIS USA INC. AND ITS AFFILIATES SACRAMENTO, CA 95814 Memo Reference: NON151 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | EMPLOYEE TIME AND EXPENSES FOR THE PERIOD 12/1 - 12/31/2020 | \$18,074.20 | \$9,658,827.55 | |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL | \$872,508.75 | |

Schedule C Summary

| | |
|--|---------------------------|
| 1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)..... | \$872,508.75 |
| 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 | \$0.00 |
| 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) | TOTAL \$872,508.75 |

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 10/01/2020 through 12/31/2020 | CALIFORNIA FORM 460 |
| Page 14 of 41 | I.D. Number 1431407 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|---|--|--|------------------------------|---|------------------------------------|
| 10/1/2020 | R.J. REYNOLDS TOBACCO COMPANY AND ITS AFFILIATES WINSTON-SALEM, NC 27101 Memo Reference: NON73 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | EMPLOYEE TIME & EXPENSES AND | \$250,671.34 | \$10,475,147.61 | |
| 10/1/2020 | PHILIP MORRIS USA INC. AND ITS AFFILIATES SACRAMENTO, CA 95814 Memo Reference: NON74 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | EMPLOYEE TIME & EXPENSES, CUSTOMER LIST & CONSULTANT EXPENSES FOR THE PERIOD 10/1-10/31/20 | \$284,889.09 | \$9,658,827.55 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$872,508.75 | | |

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | | |
|-------------------------|------------|----------------------------|--|
| Statement covers period | | SCHEDULE D | |
| from | 10/01/2020 | CALIFORNIA FORM 460 | |
| through | 12/31/2020 | Page 15 of 41 | |
| | | I.D. NUMBER 1431407 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------|---|---|---------------------------|--------------------|--|------------------------------------|
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|----------------------------|
| Statement covers period from 10/01/2020 through 12/31/2020 | CALIFORNIA FORM 460 |
| Page 16 of 41 | I.D. NUMBER 1431407 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|---|----------------|
| 2020 BALLCAMP, LLC CALABASAS, CA 91302 | PET | | SEE SCHEDULE G | \$1,850,788.50 |
| NIELSEN, MERKSAMER, PARRINELLO, GROSS & LEONI, LLP SAN RAFAEL, CA 94901 | PRO | | JASON D. KAUNE, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; JOEL S. AURORA, COMMITTEE ASSISTANT TREASURER IS AN EMPLOYEE OF PAYEE | \$195,039.95 |
| NIELSEN, MERKSAMER, PARRINELLO, GROSS & LEONI, LLP SAN RAFAEL, CA 94901 | PRO | | JASON D. KAUNE, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; JOEL S. AURORA, COMMITTEE ASSISTANT TREASURER IS AN EMPLOYEE OF PAYEE | \$35,000.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

| | |
|--|------------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$13,977,455.13 |
| 2. Unitemized payments made this period of under \$100. | \$50.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$0.00 |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$13,977,505.13 |

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 10/01/2020 | | |
| through 12/31/2020 | | Page 17 of 41 |
| NAME OF FILER CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS | | I.D. NUMBER 1431407 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|---|----------------|
| WCPA WOODLAND HILLS, CA 91364 | | | SEE SCHEDULE G | \$1,294,815.00 |
| MILLER PUBLIC AFFAIRS GROUP, INC. SACRAMENTO, CA 95814 | CNS | | | \$20,000.00 |
| 2020 BALLCAMP, LLC CALABASAS, CA 91302 | PET | | SEE SCHEDULE G | \$1,606,638.00 |
| NIELSEN, MERKSAMER, PARRINELLO, GROSS & LEONI, LLP SAN RAFAEL, CA 94901 | PRO | | JASON D. KAUNE, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; JOEL S. AURORA, COMMITTEE ASSISTANT TREASURER IS AN EMPLOYEE OF PAYEE | \$247,588.36 |
| WCPA WOODLAND HILLS, CA 91364 | CNS | | | \$100,000.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 10/01/2020 | | |
| through 12/31/2020 | | Page 18 of 41 |
| NAME OF FILER CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS | | I.D. NUMBER 1431407 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|---|--------------|
| MILLER PUBLIC AFFAIRS GROUP, INC. SACRAMENTO, CA 95814 | CNS | | | \$10,000.00 |
| 2020 BALLCAMP, LLC CALABASAS, CA 91302 | PET | | SEE SCHEDULE G | \$111,262.00 |
| NIELSEN, MERKSAMER, PARRINELLO, GROSS & LEONI, LLP SAN RAFAEL, CA 94901 | PRO | | JASON D. KAUNE, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; JOEL S. AURORA, COMMITTEE ASSISTANT TREASURER IS AN EMPLOYEE OF PAYEE | \$226,156.78 |
| NIELSEN, MERKSAMER, PARRINELLO, GROSS & LEONI, LLP SAN RAFAEL, CA 94901 | | | SEE SCHEDULE G; JASON D. KAUNE, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; JOEL S. AURORA, COMMITTEE ASSISTANT TREASURER IS AN EMPLOYEE OF PAYEE | \$66,467.33 |
| ARAB AMERICAN GROCERS ASSOCIATION SAN FRANCISCO, CA 94134 | CVC | | | \$25,000.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 10/01/2020 | | |
| through 12/31/2020 | | Page 19 of 41 |
| NAME OF FILER CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS | | I.D. NUMBER 1431407 |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|---|----------------|
| 2020 BALLCAMP, LLC CALABASAS, CA 91302 | PET | | SEE SCHEDULE G | \$1,330,938.00 |
| WCPA WOODLAND HILLS, CA 91364 | | | SEE SCHEDULE G | \$1,392,547.00 |
| NIELSEN, MERKSAMER, PARRINELLO, GROSS & LEONI, LLP SAN RAFAEL, CA 94901 | | | SEE SCHEDULE G; JASON D. KAUNE, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; JOEL S. AURORA, COMMITTEE ASSISTANT TREASURER IS AN EMPLOYEE OF PAYEE | \$40,000.00 |
| 2020 BALLCAMP, LLC CALABASAS, CA 91302 | PET | | SEE SCHEDULE G | \$1,625,265.00 |
| 2020 BALLCAMP, LLC CALABASAS, CA 91302 | PET | | SEE SCHEDULE G | \$87,635.45 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 10/01/2020 | | |
| through 12/31/2020 | | Page 20 of 41 |
| NAME OF FILER CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS | | I.D. NUMBER 1431407 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|----------------|
| MILLER PUBLIC AFFAIRS GROUP, INC. SACRAMENTO, CA 95814 | CNS | | | \$20,000.00 |
| MILLER PUBLIC AFFAIRS GROUP, INC. SACRAMENTO, CA 95814 | CNS | | | \$20,000.00 |
| 2020 BALLCAMP, LLC CALABASAS, CA 91302 | PET | | SEE SCHEDULE G | \$1,734,237.00 |
| THE MONACO GROUP SANTA ANA, CA 92705 | LIT | | | \$46,188.93 |
| THE MONACO GROUP SANTA ANA, CA 92705 | LIT | | | \$1,391.23 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 10/01/2020 | | |
| through 12/31/2020 | | Page 21 of 41 |
| NAME OF FILER CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS | | I.D. NUMBER 1431407 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|----------------|
| 2020 BALLCAMP, LLC CALABASAS, CA 91302 | PET | | SEE SCHEDULE G | \$1,890,496.60 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$13,977,455.13

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 10/01/2020
through 12/31/2020

CALIFORNIA
FORM 460

Page 22 of 41

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|---|---|---------------------------------------|---|--|
| NIELSEN, MERKSAMER, PARRINELLO, GROSS & LEONI, LLP SAN RAFAEL, CA 94901 | PRO JASON D. KAUNE, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; JOEL S. AURORA, COMMITTEE ASSISTANT TREASURER IS | \$195,039.95 | \$0.00 | \$195,039.95 | \$0.00 |
| NIELSEN, MERKSAMER, PARRINELLO, GROSS & LEONI, LLP SAN RAFAEL, CA 94901 | PRO JASON D. KAUNE, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; JOEL S. AURORA, COMMITTEE ASSISTANT TREASURER IS | \$35,000.00 | \$0.00 | \$35,000.00 | \$0.00 |
| NIELSEN, MERKSAMER, PARRINELLO, GROSS & LEONI, LLP SAN RAFAEL, CA 94901 | PRO JASON D. KAUNE, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; JOEL S. AURORA, COMMITTEE ASSISTANT TREASURER IS | \$0.00 | \$72,110.81 | \$0.00 | \$72,110.81 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$122,110.81
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$1,580,977.95
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$1,458,867.14)
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/01/2020
through 12/31/2020

CALIFORNIA FORM 460
Page 23 of 41

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

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| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| WCPA WOODLAND HILLS, CA 91364 | CNS | \$0.00 | \$50,000.00 | \$0.00 | \$50,000.00 |
| 2020 BALLCAMP, LLC CALABASAS, CA 91302 | PET SEE SCHEDULE G | \$1,330,938.00 | \$0.00 | \$1,330,938.00 | \$0.00 |
| MILLER PUBLIC AFFAIRS GROUP, INC. SACRAMENTO, CA 95814 | CNS | \$20,000.00 | \$0.00 | \$20,000.00 | \$0.00 |
| | | | | | |
| SUBTOTALS | | \$1,580,977.95 | \$122,110.81 | \$1,580,977.95 | \$122,110.81 |

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/01/2020 | |
| through | 12/31/2020 | Page 24 of 41 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

NAME OF AGENT OR INDEPENDENT CONTRACTOR
2020 BALLCAMP, LLC

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| | | | | | |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|----------------|
| PRIME TIME PACKAGING, LTD CALABASAS, CA 91302 | CMP | | | \$750.00 |
| STAPLES FRAMINGHAM, MA 01702 | CMP | | | \$79,007.04 |
| UNITED PARCEL SERVICE ATLANTA, GA 30328 | POS | | | \$7,878.41 |
| BAY AREA PETITIONS SANTA CRUZ, CA 95062 | PET | | | \$1,002,645.00 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1090280.45

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/01/2020 | |
| through | 12/31/2020 | Page 25 of 41 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

NAME OF AGENT OR INDEPENDENT CONTRACTOR
2020 BALLCAMP, LLC

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|---|------|----|------------------------|----------------|
| BLUE PACIFIC HOLDING TEMECULA, CA 92592 | PET | | | \$692,562.00 |
| DISCOVERY MARKETING STRATEGIES, LLC RIVER PINES, CA 95675 | PET | | | \$410,644.50 |
| YOUR CHOICE, LLC RENO, NV 89502 | PET | | | \$2,609,564.00 |
| FLORIDA PETITION MANAGEMENT LLC SAINT PETERSBURG, FL 33713 | PET | | | \$1,144,407.00 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4857177.50

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/01/2020 | |
| through | 12/31/2020 | Page 26 of 41 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

NAME OF AGENT OR INDEPENDENT CONTRACTOR
2020 BALLCAMP, LLC

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|---|------|----|------------------------|--------------|
| JBPM, LLC LAKE ELSINORE, CA 92530 | PET | | | \$234,937.50 |
| ON THE GROUND, INC. NEWPORT BEACH, CA 92660 | PET | | | \$331,821.00 |
| SCHMITT CONSULTING INC FRIANT, CA 93626 | PET | | | \$224,217.00 |
| VALLEY DIRECT MARKETING LLC SANTA CRUZ, CA 95062 | PET | | | \$707,992.00 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1498967.50

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 10/01/2020
through 12/31/2020

CALIFORNIA
FORM **460**

Page 27 of 41

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

NAME OF AGENT OR INDEPENDENT CONTRACTOR
2020 BALLCAMP, LLC

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| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|----------------|
| VOTER DIRECT SIMI VALLEY, CA 93063 | PET | | | \$2,151,765.50 |
| EMERALD AMBASSADORS INC SAN DIEGO, CA 92120 | PET | | | \$700,290.00 |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2852055.50

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 10/01/2020
through 12/31/2020

CALIFORNIA FORM 460
Page 28 of 41

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

NAME OF AGENT OR INDEPENDENT CONTRACTOR
NIELSEN, MERKSAMER, PARRINELLO, GROSS & LEONI, LLP

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| BAKER STREET GROUP, INC SAN DIEGO, CA 92128 | PET | | | \$40,000.00 |
| BAKER STREET GROUP, INC SAN DIEGO, CA 92128 | PET | | | \$66,467.33 |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$106467.33

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/01/2020 | |
| through | 12/31/2020 | Page 29 of 41 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

NAME OF AGENT OR INDEPENDENT CONTRACTOR
WCPA

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|----------------|
| THE TRADE DESK, INC. VENTURA, CA 93001 | | | DIGITAL ADS | \$1,253,292.00 |
| YIELDMO NEW YORK, NY 10011 | | | DIGITAL ADS | \$7,500.99 |
| FREEWHEEL NEW YORK, NY 10018 | | | DIGITAL ADS | \$121,987.88 |
| GOOGLE LLC MOUNTAIN VIEW, CA 94043 | | | DIGITAL ADS | \$98,735.67 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1481516.54

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 10/01/2020
through 12/31/2020

CALIFORNIA
FORM **460**

Page 30 of 41

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

NAME OF AGENT OR INDEPENDENT CONTRACTOR
WCPA

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|--------------|
| INDEX EXCHANGE SAN FRANCISCO, CA 94103 | | | DIGITAL ADS | \$18,774.20 |
| INMOBI EXCHANGE SAN FRANCISCO, CA 94107 | | | DIGITAL ADS | \$8,585.73 |
| OPENX PASADENA, CA 91101 | | | DIGITAL ADS | \$90,829.25 |
| PUBMATIC REDWOOD CITY, CA 94063 | | | DIGITAL ADS | \$318,151.48 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$436340.66

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 10/01/2020
through 12/31/2020

CALIFORNIA
FORM **460**

Page 31 of 41

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

NAME OF AGENT OR INDEPENDENT CONTRACTOR
WCPA

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| | | | | | |
|-----|---|-----|---|-----|---|
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|--------------|
| RUBICON SAN FRANCISCO, CA 94108 | | | DIGITAL ADS | \$78,319.74 |
| SMARTADSERVER NEW YORK, NY 10001 | | | DIGITAL ADS | \$32,150.50 |
| SPOTX SAN FRANCISCO, CA 94108 | | | DIGITAL ADS | \$77,685.98 |
| TELARIA SAN FRANCISCO, CA 94111 | | | DIGITAL ADS | \$108,464.15 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$296620.37

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/01/2020 | |
| through | 12/31/2020 | Page 32 of 41 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

NAME OF AGENT OR INDEPENDENT CONTRACTOR
WCPA

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| | | | | | |
|-----|---|-----|---|-----|---|
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|--------------|
| TRIPLELIFT NEW YORK, NY 10003 | | | DIGITAL ADS | \$76,845.33 |
| UNRULY LOS ANGELES, CA 90036 | | | DIGITAL ADS | \$10,524.12 |
| VERIZON MEDIA EXCHANGE SUNNYVALE, CA 94089 | | | DIGITAL ADS | \$235,838.10 |
| BEACHFRONT NEW YORK, NY 10018 | | | DIGITAL ADS | \$10,421.88 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$333629.43

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period
from 10/01/2020
through 12/31/2020

CALIFORNIA
FORM **460**

Page 33 of 41

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---------------------------------------|
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____ % RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____ % RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. | | SUBTOTALS | | | | | | |

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/01/2020
through 12/31/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA COALITION FOR FAIRNESS, SPONSORED BY MANUFACTURERS

I.D. NUMBER
1431407

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|------------------|---|------------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

1. Increases to cash of \$100 or more this period.....
- \$.00
2. Unitemized increases to cash under \$100 this period.
- \$.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- \$.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the
Summary Page, Line 14.).....
- TOTAL \$.00

Memo Reference: NON73

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)

Memo Reference: NON74

MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

Memo Reference: NON131

MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

Memo Reference: NON132

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)

Memo Reference: NON150

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)

Memo Reference: NON151

MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

Memo Reference: PAY66

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)

Memo Reference: PAY68

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)

Memo Reference: PAY70

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)

Memo Reference: PAY72

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)

Memo Reference: PAY81

MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

Memo Reference: PAY83

MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

Memo Reference: PAY85

MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

Memo Reference: PAY107

MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

Memo Reference: PAY109

MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

Memo Reference: PAY111

MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

Memo Reference: PAY123

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)

Memo Reference: PAY125

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)

Memo Reference: PAY127

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)

Memo Reference: PAY129

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)

Memo Reference: PAY33

MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

Memo Reference: PAY31

MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

Memo Reference: PAY35

MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

Memo Reference: PAY37

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)

Memo Reference: PAY39

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)

Memo Reference: PAY41

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)

Memo Reference: PAY43

MADE THROUGH ITS SERVICE COMPANY RAI SERVICES COMPANY (SAME ADDRESS)
